y maek all three Yes No X	liabilities of a spouse or dependent child because they meet all three	ad" income, transections, or the Committee on Ethics.	EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
u excluded from Yes No X	ner "excepted trusts" need not be disclosed. Have you	tee on Ethics and certain oth dent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or your dependent child?
JESTIONS	N - ANSWER BOTH OF THESE QU	ST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
MPLETE	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONL
	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YO	ATTACH THE CO
00 from a single Yes X No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	*   X	D. Did you, your spouse, or your dependent child have any reportable stability (more than \$10,000) at any point during the reporting period?
gements with Yes No X	F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?	X No	C. Did you or your spouse have "earned" income (e.g., sataries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
of filing?	E. Did you hold eny reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yee X No	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? 31  b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS
A \$200 penaity shaji be assessed against any individual who flies more than 30 days jate.	Period Covered: January 1, A \$200 to Individe		New Officer or Employee  Employing Office:
(Office Use Only)	Check if Amendment	Virginia t 5+h	New Member of or Candidateder State:  ^ U.S. House of Representatives Distric  Candidates - Date of Election: 11 - 8
2016 JAH -5 PM 2: 21	one:	. Daytime Telephone:	Name: Jane Dittmar
Page 1 of Page 1	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

## SCHEDULE C - EARNED INCOME

Name: Jane D. Him in Page of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come may apply to you after yo mit is \$27,225. In addition, certa staff.	u are on House payroll. The 2014 in types of income (notably honorer	limit on outside earned income for is, director's fees, and payments for
Course (include date of receipt for hoppyrate)	T.,,,,,		Amount
Source (include date of receipt for rioriorana)	lype	Current Year to Filing	Preceding Year
ABC Trade Association, Bathmore, MD (July 15)	Honorarium	\$0	\$500
LXBITID18S: Chill War Roundhable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0	\$1,000 N/A
Metanoia, LLC		000/ m	1
Charlo Horolle Regional Chamber of Commerce Sponse Salung	Sponse Salung	51,000	50,000
County of Albernaile	Sponse Consulty	3,000	2,000
Desinoin LLC	Court Coording	12,000	12,000
Prostance Solutions LEC	Mediations	2,000	5,000
But years LLC	ent	7,200	7,20D
Court of Albemarile	channan	14,000	14,000

#### SCHEDULE D - LIABILITIES

Name:	
Page of	

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; ilabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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			Example			0,000,000
			First Bank of Wilmington, DE	Creditor		Committee to machine a role sensity by your spouse or appoint of inch
			5/98	Date Liability Incurred MO/YR		by your apound
			Mortgage on Rental Property, Dover, DE	Type of Liability		or apparagnit come.
				\$10,001- \$15,000 >		
				\$15,001- \$50,000		
				\$50,001- \$100,000		
			×	\$100,001- \$250,000	_	
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				\$500,001- \$1,000,000	Amount of Liability	
				\$1,000,001- \$5,000,000	b⊞ty	
				\$5,000,001- \$25,000,000		
 	*****			\$25,000,001- \$50,000,000		
 				Over \$50,000,000		
				Over \$1,000,000° (Spouse/DC Liability)		L

#### **SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current coloridate was a first and result and result and result in the current coloridate was a first and result and

the current calendar year. First-year candidates and new	ure current carentiar year. First-year candidates and new emproyees report positions need in the current carendar year and two previous years.
Position	Name of Organization
Partner	Best Years LLC
Partzer	De Simone LLC
Partour	Positive Solutions Group LLC
Eleuted Supervisor	county of Albemanle (Virginia)
	0 ,

### SCHEDULE F - AGREEMENTS

Name: Jane Dilt Mar	
Page of	

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

NoNe	Date	Parties to Agreement	Terms of Agreement
		べって	
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# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Positive Solutions Group	Mediations
But Years LLC	Rent
Supreme Count of Virginia	Mediation Coordinator
Comby of Albernach	Elected Supervisor
De Simme blo	Mediation / Court Coordination